

# **Exhibit H**

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2016</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input checked="" type="checkbox"/> a DFE (specify) <u>M</u>
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> If the plan is a collectively-bargained plan, check here.....	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information
<p><b>1a</b> Name of plan <u>MCKINSEY MASTER RETIREMENT TRUST</u></p> <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MCKINSEY &amp; COMPANY, INC.</u></p> <p><u>711 THIRD AVENUE 4FL</u> <u>NEW YORK, NY 10017</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>017</u></p> <p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN)</p> <hr/> <p><b>2c</b> Plan Sponsor's telephone number <u>212-446-7000</u></p> <hr/> <p><b>2d</b> Business code (see instructions)</p>

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/11/2017	JAMES E. FARRELL JR.
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/11/2017	GUN KERESTECI
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: <b>a</b> Sponsor's name	<b>4b</b> EIN
	<b>4c</b> PN

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	0
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year.....	<b>6a(1)</b>	0
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	0
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	0
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g</b>	
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p><b>a Pension Schedules</b></p> <p>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> <u>2</u> <b>A</b> (Insurance Information)</p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2016</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

<p><b>A</b> Name of plan <u>MCKINSEY MASTER RETIREMENT TRUST</u></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><u>017</u></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MCKINSEY &amp; COMPANY, INC.</u></p>	<p><b>D</b> Employer Identification Number (EIN) <u>1</u></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

(a) Name of insurance carrier  
NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
	<u>67091</u>	<u>43172</u>	<u>1</u>	<u>01/01/2016</u>	<u>12/31/2016</u>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid <u>0</u>	(b) Total amount of fees paid <u>498</u>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
ELLEN E STEELE ALLARE 4647 NORTH 32ND STREET, SUITE 105  
PHOENIX, AZ 85018

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>0</u>	<u>498</u>	<u>PERSISTENCY FEES OTHER COMPENSATION</u>	<u>3</u>

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶ [SEE ATTACHMENT ACTUARIAL ASSUMPTIONS](#)

<b>b</b>	Premiums paid to carrier .....	<b>6b</b>	0
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	<b>6d</b>	
Specify nature of costs ▶			

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
(3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
(3)  guaranteed investment (4)  other ▶

<b>b</b>	Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions:	(1) Contributions deposited during the year .....	<b>7c(1)</b>	
	(2) Dividends and credits.....	<b>7c(2)</b>	0
	(3) Interest credited during the year.....	<b>7c(3)</b>	
	(4) Transferred from separate account .....	<b>7c(4)</b>	
	(5) Other (specify below) .....	<b>7c(5)</b>	
	▶		
	(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions:	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	
	(2) Administration charge made by carrier.....	<b>7e(2)</b>	
	(3) Transferred to separate account .....	<b>7e(3)</b>	
	(4) Other (specify below) .....	<b>7e(4)</b>	
	▶		
	(5) Total deductions .....	<b>7e(5)</b>	0
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- |  |  |   |  |
|--|--|---|--|
| <b>a</b> <input type="checkbox"/> Health (other than dental or vision)         | <b>b</b> <input type="checkbox"/> Dental               | <b>c</b> <input type="checkbox"/> Vision                    | <b>d</b> <input type="checkbox"/> Life insurance     |
| <b>e</b> <input type="checkbox"/> Temporary disability (accident and sickness) | <b>f</b> <input type="checkbox"/> Long-term disability | <b>g</b> <input type="checkbox"/> Supplemental unemployment | <b>h</b> <input type="checkbox"/> Prescription drug  |
| <b>i</b> <input type="checkbox"/> Stop loss (large deductible)                 | <b>j</b> <input type="checkbox"/> HMO contract         | <b>k</b> <input type="checkbox"/> PPO contract              | <b>l</b> <input type="checkbox"/> Indemnity contract |
| <b>m</b> <input type="checkbox"/> Other (specify) ▶                            |  |   |  |

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....		<b>9a(1)</b>	
(2) Increase (decrease) in amount due but unpaid .....		<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....		<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b> Benefit charges (1) Claims paid .....		<b>9b(1)</b>	
(2) Increase (decrease) in claim reserves .....		<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....	<b>9c(1)(H)</b>		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
(2) Claim reserves .....		<b>9d(2)</b>	
(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	
<b>10</b> Nonexperience-rated contracts:			
<b>a</b> Total premiums or subscription charges paid to carrier .....		<b>10a</b>	
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....		<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No
- 12** If the answer to line 11 is "Yes," specify the information not provided. ▶



<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2016</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

<p><b>A</b> Name of plan <u>MCKINSEY MASTER RETIREMENT TRUST</u></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <u>017</u></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MCKINSEY &amp; COMPANY, INC.</u></p>	<p><b>D</b> Employer Identification Number (EIN)</p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

(a) Name of insurance carrier  
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
	<u>66915</u>	<u>P87456</u>	<u>1</u>	<u>01/01/2016</u>	<u>12/31/2016</u>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
SCHOENFELD CLU CHFC MSFS HARR 24325 LOMA PRIETA AVE  
LOS GATOS, CA 95033

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			<u>3</u>

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶ **RATES APPLY TO POLICIES ISSUED TO A PLAN IN A PARTICULAR PLAN YEAR**

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	0
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	<b>6d</b>	

Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
(3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
(3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
(2) Dividends and credits.....	<b>7c(2)</b>	
(3) Interest credited during the year.....	<b>7c(3)</b>	
(4) Transferred from separate account.....	<b>7c(4)</b>	
(5) Other (specify below).....	<b>7c(5)</b>	
▶		
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	
(2) Administration charge made by carrier.....	<b>7e(2)</b>	
(3) Transferred to separate account.....	<b>7e(3)</b>	
(4) Other (specify below).....	<b>7e(4)</b>	
▶		
(5) Total deductions .....	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- |  |  |   |  |
|--|--|---|--|
| <b>a</b> <input type="checkbox"/> Health (other than dental or vision)         | <b>b</b> <input type="checkbox"/> Dental               | <b>c</b> <input type="checkbox"/> Vision                    | <b>d</b> <input type="checkbox"/> Life insurance     |
| <b>e</b> <input type="checkbox"/> Temporary disability (accident and sickness) | <b>f</b> <input type="checkbox"/> Long-term disability | <b>g</b> <input type="checkbox"/> Supplemental unemployment | <b>h</b> <input type="checkbox"/> Prescription drug  |
| <b>i</b> <input type="checkbox"/> Stop loss (large deductible)                 | <b>j</b> <input type="checkbox"/> HMO contract         | <b>k</b> <input type="checkbox"/> PPO contract              | <b>l</b> <input type="checkbox"/> Indemnity contract |
| <b>m</b> <input type="checkbox"/> Other (specify) ▶                            |  |   |  |

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....		<b>9a(1)</b>	
(2) Increase (decrease) in amount due but unpaid .....		<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....		<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b> Benefit charges (1) Claims paid .....		<b>9b(1)</b>	
(2) Increase (decrease) in claim reserves .....		<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....	<b>9c(1)(H)</b>		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
(2) Claim reserves .....		<b>9d(2)</b>	
(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	
<b>10</b> Nonexperience-rated contracts:			
<b>a</b> Total premiums or subscription charges paid to carrier .....		<b>10a</b>	
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....		<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No
- 12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<p><b>SCHEDULE C (Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Service Provider Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2016</b></p> <hr/> <p><b>This Form is Open to Public Inspection.</b></p>
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

<p><b>A</b> Name of plan <u>MCKINSEY MASTER RETIREMENT TRUST</u></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <u>017</u></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MCKINSEY &amp; COMPANY, INC.</u></p>	<p><b>D</b> Employer Identification Number (EIN)</p>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

SEE ATTACHED LIST TRAFALGAR COURT LES BANQUES  
ST. PETER PORT, GUERNSEY GY13DA GG

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MIO PARTNERS, INC

245 PARK AVENUE 13TH FL  
NYC, NY 10167

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	SUBSIDIARY-REC DIRECT EX	25938455	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

DEUTSCHE BANK

DEUTSCHE BANK 1 GREAT WINCHESTER STREET  
LONDON, ENGLAND EC2N2DB GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99 72 50	NONE	11260369	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BANK OF AMERICA, N.A.

150 N. COLLEGE ST., NC1-028-17-06  
CHARLOTTE, NC 28255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99 50	NONE	6434974	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NORTHERN TRUST

PO BOX 71 TRAFALGAR COURT LES BANQUES  
ST. PETER PORT, GUERNSEY GY13DA GG

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	1407410	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BLACKROCK INSTITUTIONAL TRUST

400 HOWARD STREET  
SAN FRANCISCO, CA 94105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	400431	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

STATE STREET GLOBAL ADVISORS

1200 CROWN COLONY DRIVE  
QUINCY, MA 02169

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	200000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ASPCAP RESEARCH LLP 88 WOOD STREET  
LONDON, LONDON EC2V 7RS GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
70 50	NONE	72960	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BAKER TILLY VIRCHOW KRAUSE LLP PO BOX 7398  
MADISON, WI 53707-7398

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	70150	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

SIDLEY AUSTIN 787 SEVENTH AVENUE  
NYC, NY 10019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	42337	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LOVELLS INC

590 MADISON AVENUE  
NYC, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	33638	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MAYER HOFFMAN MCCANN

1065 AVENUE OF THE AMERICAS  
NYC, NY 10018

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	30000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BNY - MELLON BANK

135 SANTILLI HIGHWAY  
EVERETT, MA 02149

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 65 50	NONE	12667	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

EISNER AMPER LLP

750 THIRD AVENUE  
NEW YORK, NY 10017

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	8000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

ORCHESTRATE FINANCIAL SYSTEMS

2929 CAMPUS DRIVE  
SUITE 250  
SAN MATEO, CA 94403

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
72 50	NONE	7779	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

CAREY OLSEN

PO BOX 98 CAREY HOUSE LES BANQUES  
ST PETER PORT, GUERNSEY GY1 4BZ GG

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	7300	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

THOMSON REUTERS

PO BOX 415983  
BOSTON, MA 02241

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
72	NONE	6463	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<p><b>SCHEDULE D (Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p><b>DFE/Participating Plan Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2016</b></p> <hr/> <p><b>This Form is Open to Public Inspection.</b></p>
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>	
<p><b>A</b> Name of plan <u>MCKINSEY MASTER RETIREMENT TRUST</u></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <u>017</u></p>
<p><b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MCKINSEY &amp; COMPANY, INC.</u></p>	<p><b>D</b> Employer Identification Number (EIN)</p>

**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**  
(Complete as many entries as needed to report all interests in DFEs)

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II	Information on Participating Plans (to be completed by DFEs)	
	(Complete as many entries as needed to report all participating plans)	
<b>a</b>	Plan name MCKINSEY & COMPANY, INC., PROFIT-SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MCKINSEY & COMPANY, INC.	<b>c</b> EIN-PN
<b>a</b>	Plan name MCKINSEY & COMPANY, INC., MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor MCKINSEY & COMPANY, INC.	<b>c</b> EIN-PN
<b>a</b>	Plan name MCKINSEY & COMPANY, INC., PARTNER CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor MCKINSEY & COMPANY, INC.	<b>c</b> EIN-PN
<b>a</b>	Plan name	
<b>b</b>	Name of plan sponsor	<b>c</b> EIN-PN
<b>a</b>	Plan name	
<b>b</b>	Name of plan sponsor	<b>c</b> EIN-PN
<b>a</b>	Plan name	
<b>b</b>	Name of plan sponsor	<b>c</b> EIN-PN
<b>a</b>	Plan name	
<b>b</b>	Name of plan sponsor	<b>c</b> EIN-PN
<b>a</b>	Plan name	
<b>b</b>	Name of plan sponsor	<b>c</b> EIN-PN
<b>a</b>	Plan name	
<b>b</b>	Name of plan sponsor	<b>c</b> EIN-PN
<b>a</b>	Plan name	
<b>b</b>	Name of plan sponsor	<b>c</b> EIN-PN
<b>a</b>	Plan name	
<b>b</b>	Name of plan sponsor	<b>c</b> EIN-PN
<b>a</b>	Plan name	
<b>b</b>	Name of plan sponsor	<b>c</b> EIN-PN
<b>a</b>	Plan name	
<b>b</b>	Name of plan sponsor	<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2016</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

<b>A</b> Name of plan <u>MCKINSEY MASTER RETIREMENT TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>017</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MCKINSEY &amp; COMPANY, INC.</u>	<b>D</b> Employer Identification Number (EIN)	

**Part I Asset and Liability Statement**

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	24371348	15431153
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....		
<b>(2)</b> Participant contributions .....		
<b>(3)</b> Other .....	147295264	62015741
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	357555218	457863251
<b>(2)</b> U.S. Government securities .....		
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....		
<b>(B)</b> All other .....	42385750	49028039
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....		
<b>(B)</b> Common .....		
<b>(5)</b> Partnership/joint venture interests .....	555797218	364150135
<b>(6)</b> Real estate (other than employer real property) .....		
<b>(7)</b> Loans (other than to participants) .....		
<b>(8)</b> Participant loans .....		
<b>(9)</b> Value of interest in common/collective trusts .....		
<b>(10)</b> Value of interest in pooled separate accounts .....		
<b>(11)</b> Value of interest in master trust investment accounts .....		
<b>(12)</b> Value of interest in 103-12 investment entities .....		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	4036497716	4739346183
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....		
<b>(15)</b> Other .....	4664138	4769101

Schedule H (Form 5500) 2016

		(a) Beginning of Year	(b) End of Year
<b>1d</b>	Employer-related investments:		
(1)	Employer securities .....	<b>1d(1)</b>	
(2)	Employer real property .....	<b>1d(2)</b>	
<b>e</b>	Buildings and other property used in plan operation .....	<b>1e</b>	
<b>f</b>	Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	5168566652
<b>Liabilities</b>			
<b>g</b>	Benefit claims payable .....	<b>1g</b>	
<b>h</b>	Operating payables .....	<b>1h</b>	
<b>i</b>	Acquisition indebtedness .....	<b>1i</b>	
<b>j</b>	Other liabilities .....	<b>1j</b>	23033929
<b>k</b>	Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	23033929
<b>Net Assets</b>			
<b>l</b>	Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	5145532723

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
<b>Income</b>			
<b>a</b>	<b>Contributions:</b>		
(1)	Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	
	<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	
	<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	
(2)	Noncash contributions .....	<b>2a(2)</b>	
(3)	Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>	0
<b>b</b>	<b>Earnings on investments:</b>		
(1)	Interest:		
	<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	1959433
	<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	
	<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	
	<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>	
	<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	
	<b>(F)</b> Other .....	<b>2b(1)(F)</b>	
	<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>	1959433
(2)	Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>	
	<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	1539884
	<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	
	<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>	1539884
(3)	Rents .....	<b>2b(3)</b>	
(4)	Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	554171596
	<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	448896180
	<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>	105275416
(5)	Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>	
	<b>(B)</b> Other .....	<b>2b(5)(B)</b>	282627225
	<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>	282627225

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		391401958

**Expenses**

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)		
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		0
f Corrective distributions (see instructions) .....	2f		
g Certain deemed distributions of participant loans (see instructions) .....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other .....	2i(4)	26865088	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		26865088
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		26865088

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k		364536870
l Transfers of assets:			
(1) To this plan .....	2l(1)		263121156
(2) From this plan.....	2l(2)		153810710

**Part III Accountant's Opinion**

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unqualified (2)  Qualified (3)  Disclaimer (4)  Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?  Yes  No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: (2) EIN:

d The opinion of an independent qualified public accountant is **not attached** because:

(1)  This form is filed for a CCT, PSA, or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

	Yes	No	Amount
4a			
4b		X	

	Yes	No	Amount
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
<b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Yes  No **Amount:**

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? .....  Yes  No  Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year. (See instructions.)

<b>Part V Trust Information</b>	
<b>6a</b> Name of trust	<b>6b</b> Trust's EIN
<b>6c</b> Name of trustee or custodian	<b>6d</b> Trustee's or custodian's telephone number

MMRT MCKINSEY AND COMPANY INC.

FYE: 12/31/2016

**FEDERAL STATEMENTS**  
**MCKINSEY MASTER RETIREMENT TRUST - PLAN: 017**

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**Statement # 2 Schedule H, Line 4j - Schedule of Reportable Transactions (5%)**

<b>Identity or party involved</b>	<b>Description of Assets</b>	<b>Purchase Price</b>	<b>Selling Price</b>	<b>Cost of Assets</b>	<b>Current value of asset on transaction date</b>	<b>Net gain or loss</b>
Investment in Compass Offshore HTV PCC Ltd (Roll up)	Commingled Fund	112,974,656	213,361,443	409,759,419	476,165,768	52,473,448
Investment in SSALT Fund Ltd	Commingled Fund	238,500,000	25,500,000	1,987,816,818	3,514,433,559	11,916,027



720 East Wisconsin Avenue  
 Milwaukee, WI 53202

## Actuarial Assumptions Used In Determining Insurance Contract Premiums

### Interest, Mortality and Expense Factors upon Which Current Contract Premiums Are Based

For contracts issued by Northwestern Mutual, Milwaukee, WI, on or after January 1, 2016 in connection with Employee Trust Plans. Assumptions for contracts issued prior to January 1, 2016 may differ.

#### GENERAL ACCOUNT CONTRACTS

Policy/Contract Plan	Net Premium Interest Rate	Net Premium Mortality Table
Retirement Annuity with Insurance	4%	None
Guaranteed Interest Funds in VAs	0.50%*	None
Single Premium Retirement Annuity	0.50%*	None
90 Life & 65 Life	4%	2001 CSO** Smoker and Non-Smoker
CompLife	4%	2001 CSO** Smoker and Non-Smoker
Term 10		2001 CSO** Preferred Structure Smoker and Non-Smoker
Term 80		
Level Term 10		
Level Term 20	4%	
Estate CompLife	4%	2001 CSO** Smoker and Non-Smoker
Survivorship CompLife	4%	2001 CSO** Smoker and Non-Smoker
Limited Pay Life	4%	2001 CSO** Smoker and Non-Smoker
Portfolio Immediate/Deferred Income Annuity 2%, 1% <sup>1</sup>		Adjusted Annuity 2000 <sup>2</sup>

<sup>1</sup> 2% for the lesser of 20 years or the contract anniversary closest to the annuitant's 75th birthday; 1% thereafter.

<sup>2</sup> Annuity 2000 with adjustments for company experience.

#### SEPARATE ACCOUNT CONTRACTS

Policy/Contract Plan	Net Premium Interest Rate	Net Premium Mortality Rate
Variable Annuity Accounts A & B	None	None
Group Pension Annuity	None	None

#### Gross Premium Loading Formulas

**Annuities:** Expense loadings vary by contract and may be "front-end" loads or "back-end" withdrawal charges. Some front-end loads grade down by amount. Some contracts may have asset based charges and/or annual contract fees. All expense charges for the Separate Account contracts are described in the Prospectuses for these accounts.

**Life insurance other than term:** The expense loading is a percentage of the net premium plus a per thousand charge plus a policy fee. These charges vary by plan, age, duration, and underwriting classification. All expense charges for the Separate Account contracts are described in the Prospectuses.

**Term life insurance:** Gross premiums are tables of Maximum Premiums and Scheduled Premiums. The tables vary by plan, age, duration, and underwriting classification. The tables have been filed with the state insurance departments.

\* New York issues use 1%.

\*\* CSO - Commissioners Standard Ordinary Mortality Table.





NEW YORK LIFE INSURANCE COMPANY 51 MADISON AVENUE, NEW YORK, NEW YORK 10010, TEL:(212)576-7000

JAN 27, 2017

MC KINSEY AND COMPANY INC  
ATTN WENDY MAY BLACK  
711 3RD AVE  
NEW YORK NY 10017-4014

CASE/PLAN NO. P87456  
AGENT-  
SCHOENFELD CLU CHFC MSFS HARR  
G.O. NAME-  
SILICON VALLEY

Dear Sir or Madame:

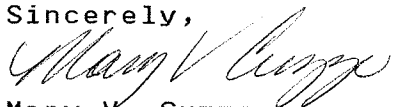
I've enclosed an 'Insured Pension Plan Data Sheet' which will be helpful to you in completing Parts I and II of Schedule A of Annual Report Form 5500. It was prepared using the information available in our records. Any remaining information required to complete Schedule A can be found in your records.

Please note that the premiums reported on the enclosed Data Sheet may not agree with the premiums you paid during the plan year. This is because specific instructions on Schedule A require New York Life Insurance Company to ONLY report data for contracts that end with or within the plan year.

New York Life Insurance Company  
EIN: NAIC code: 66915

If you have any questions concerning this information, please contact your agent, or write to me at NYLIC/NYLIAC, Tax Compliance Unit, Enterprise Shared Services Department 51 Madison Ave, New York, N.Y. 10010.

Sincerely,

  
Mary V. Cuzzo  
Sr. Associate  
Tax Compliance Unit  
Insurance Group - Service  
(212) 576-6427

Please see reverse side

NAME OF PLAN: MC KINSEY AND COMPANY INC

DATA FOR PLAN YEAR BEGINNING 01/01/16 AND ENDING 12/31/16

PART I

1. CHECK: PENSION PLAN

2. COVERAGE:

(A) NAME OF INSURANCE CARRIER	(B) CONTRACT NUMBER OF IDENTIFICATION	(C) APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY OR CONTRACT YEAR	POLICY OR CONTRACT YEAR (D) FROM: (E) TO:
New York Life Insurance Company	P87456	1	NOT APPLICABLE

3. INSURANCE FEES AND COMMISSIONS PAID TO AGENTS AND BROKERS:

(A) CONTRACT NUMBER	(B) NAME AND ADDRESS OF THE AGENTS OR BROKERS TO WHOM COMMISSIONS OR FEES WERE PAID	(C) AMOUNT OF COMMISSIONS PAID	(D) FEES PAID
P87456	SCHOENFELD CLU CHFC MSFS HARR 24325 LOMA PRIETA AVE LOS GATOS CA 95033	.00	N/A

Annual compensation, incentive compensation, and expense allowance directly or indirectly attributable to the reported policies \$ .00. Additionally, the Agent may be eligible for certain non-cash incentives based on a number of sales-related incentive programs designed to compensate for education, supervision, training and recruiting of agents.

4. PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR \$ NONE  
CONTRACT NUMBER OR IDENTIFICATION P87456

PART II - CONTRACT NUMBER OR IDENTIFICATION P87456

5. CONTRACTS WITH ALLOCATED FUNDS:

(A) STATE THE BASIS OF PREMIUM RATES - RATES APPLY TO POLICIES ISSUED TO A PLAN IN A PARTICULAR PLAN YEAR. THESE POLICIES ARE REVIEWED AND APPROVED BY THE VARIOUS STATE INSURANCE DEPARTMENTS.  
(B) TOTAL PREMIUMS PAID TO THE CARRIER .00

THE INFORMATION CONTAINED IN THIS STATEMENT, FURNISHED PURSUANT TO 29CFR 2520.103-5(C), IS HEREBY CERTIFIED BY NEW YORK LIFE INSURANCE COMPANY TO BE COMPLETE AND ACCURATE ACCORDING TO ITS ORDINARY BUSINESS RECORDS.

MMRT MCKINSEY & COMPANY, INC

FYE: 12/31/2016

FEDERAL STATEMENTS  
MCKINSEY MASTER RETIREMENT TRUST - PLAN: 017

**Statement #6 - Schedule H, Line 2(i)(5) - Total Administrative Expenses**

<b>Description</b>		<b>Amount</b>
Reimbursements	\$	25,971,782
Legal Expenses		45,545
Investment Management Fees		565,131
Unrelated Business Income Tax Expense		129,154
Professional Fees		8,114
Foreign Tax Expense		9,713
Custodial Fees		24,369
Transaction Fees		23,059
Interest Expense		16,314
Other Miscellaneous Expenses		71,907
<b>Total</b>	<b>\$</b>	<b>26,865,088</b>

**McKinsey Master retirement Trust**  
**Plan #017**  
**EIN:**  
**Form 5500 - Statement for Net Assets**

Total Net Assets per Financial Statements	\$ 5,476,397,011
Attributable to 401(h)	<u>142,983,028</u>
Total Net Assets per 5500	<u><u>\$ 5,619,380,039</u></u>

**McKinsey Master retirement Trust**  
**Plan #017**  
**EIN:**  
**Form 5500 - Statement for Net Income**

Total Net Income per Financial Statements	\$ 363,870,349
Attributable to 401(h)	<u>666,521</u>
Total Net Income per 5500	<u><u>\$ 364,536,870</u></u>

MMRT MCKINSEY & COMPANY, INC

FYE: 12/31/2016

FEDERAL STATEMENTS  
MCKINSEY MASTER RETIREMENT TRUST - PLAN: 017

Statement #4 - Schedule H, Line 1c(15) - Other

Description	BOY	EOY
	Amount	Amount
Cash Surrender Value	4,664,138	4,769,101
<b>Total</b>	<b>4,664,138</b>	<b>4,769,101</b>

MMRT MCKINSEY & COMPANY, INC

FYE: 12/31/2016

FEDERAL STATEMENTS  
MCKINSEY MASTER RETIREMENT TRUST - PLAN: 017

Statement #5 - Schedule H, Line 1j - Other Liabilities

<u>Description</u>	<u>BOY</u> <u>Amount</u>	<u>EOY</u> <u>Amount</u>
Other Payables	23,033,929	73,223,564
<b>Total</b>	<b>23,033,929</b>	<b>73,223,564</b>

**McKinsey Master retirement Trust**  
**Plan #017**  
**EIN:**  
**Form 5500 - Transfers to this Plan Line 2l(1)**

Reclasses to plans Assets and Liabilities	32,011,920
Contributions to Plans	231,574,526
Distributions to Plans	<u>(154,276,000)</u>
Total Transfers to this Plan	109,310,446



FYE: 12/31/2016

FEDERAL STATEMENTS  
MCKINSEY MASTER RETIREMENT TRUST - PLAN: 017

Statement #3 - Schedule H, Line 4i - Assets Acquired and Disposed of During Year

Identity	Description	Costs of Acquisitions USD	Proceeds of Dispositions USD
0-1 Year German Government Index	LP	21,837,545	3,072,585
AI INFLATION PROTECTED FD-IN	Commingled Investment	9,089,884	1,400,000
Amberbrook V LLC	LP	127,206	2,769,347
Amberbrook VI LLC	LP	19,812,519	27,572,089
Atlas Enhanced Fund, Ltd Cl B Initial Series 03-11	Commingled Investment	42,000,000	10,000,000
Barclays ACWI ex-US GDP	Commingled Investment	850,000	550,000
Barclays ACWI ex-US GDP	Commingled Investment	8,700,498	7,200,000
Barclays ACWI ex-US GDP	Commingled Investment	8,500,000	5,220,000
BlackRock Russell 3000 Non-Lending Fund	Commingled Investment	900,000	880,000
BlackRock Russell 3000 Non-Lending Fund	Commingled Investment	1,550,000	11,920,000
BlackRock Russell 3000 Non-Lending Fund	Commingled Investment	5,800,000	7,200,000
Blackrock TIPS	Commingled Investment	1,500,000	3,170,000
BOYAA INTERACTIVE INTERNATIO	Common Stock	28,411	45,240
Cerberus International II Ltd Cl A Ser 2-1	Commingled Investment	520,211	519,693
CIP VI Overseas Feeder, Ltd. (Cerberus)	Private Equity	856,960	856,960
CIP VI Overseas Feeder, Ltd. (Cerberus) SSALT	Private Equity	856,960	161,777
CNY vs USD 01/05/2016 - DB_O_794606	Currency Forward		524,098
CNY vs USD 04/05/2016 - DB_O_794606	Currency Forward		705,624
CNY vs USD 07/05/2016 - DB_O_794606	Currency Forward		708,790
CNY vs USD 10/11/2016 - DB_O_794606	Currency Forward		98,831
Cumulus Energy Fund Class A	Commingled Investment	21,000,000	4,000,000
Custom European Intermediate Sovereign Index Portfo	LP	252,896	4,176,952
EUR vs USD 01/05/2016 - DB_O_7949611	Currency Forward		3,666,078
EUR vs USD 04/04/2016 - DB_O_7949611	Currency Forward		5,122,630
EUR vs USD 07/05/2016 - DB_O_7949611	Currency Forward		3,560,341
EUR vs USD 10/04/2016 - DB_O_7949611	Currency Forward		1,042,554
Great Barrington Energy Fund LP_SSALTLTD	Limited Partnership	37,950,000	20,700,000
Investment in Compass AGE LLC	LP	15,131,551	84,840,399
Investment in Compass ESMA LP (Roll Up)	Limited Partnership	37,130,727	4,465,823
Investment in Compass Global Aggressive Inflation-Linked Bond LLC	LP	10,205	5,951,482
Investment in Compass Global Aggressive Inflation-Linked Bond LLC	LP	78,393	46,028,870
Investment in Compass Offshore HTV PCC Ltd (Roll Up)	Commingled Investment	112,974,656	213,361,443
Investment in Compass Offshore MAV Limited (Roll Up)	Commingled Investment	56,991,772	32,364,484
Investment in Compass Offshore SAV II PCC Limited (Roll Up)	Commingled Investment	68,625,579	119,469,286
Investment in Compass Offshore SAV PCC Limited (Roll Up)	Commingled Investment	11,154,740	116,646,376
Investment in Compass Offshore TPM LP (Roll Up)	Limited Partnership	40,368,229	115,876,657
Investment in SSALT Fund Ltd	Commingled Investment	238,500,000	25,500,000
Investment in SSALT Private Investments Master LP	Limited Partnership	1,439,131	1,116,340
KRW vs USD 01/05/2016 - DB_O_794606	Currency Forward		510,215
KRW vs USD 04/04/2016 - DB_O_794606	Currency Forward		639,097
KRW vs USD 07/05/2016 - DB_O_794606	Currency Forward		225,328
KRW vs USD 10/05/2016 - DB_O_794606	Currency Forward		1,183,446
Landscape High Leverage Fund LP - SSALT Fund Ltd	Limited Partnership	20,000,000	5,000,000
Levered Global Inflation Linked Bond Fund	Commingled Investment	2,420,000	2,434,473
Levered Global Inflation Linked Bond Fund	Commingled Investment	18,280,000	18,280,000
Levered Global Inflation Linked Bond Fund Apr 04, 2016	Commingled Investment	8,600,000	7,840,000
Levered Global Inflation Linked Bond Fund Feb 01, 2016	Commingled Investment	2,034,473	950,000
Levered Global Inflation Linked Bond Fund Feb 01, 2016	Commingled Investment	18,080,000	8,800,000
Levered Global Inflation Linked Bond Fund Feb 29, 2016	Commingled Investment	400,000	200,000
Limited Life Asset Issuance plc 5/31/2023	Commingled Investment	1,487,682	5,180,590
Moon Capital Global Equity Partners Offshore Fund Ltd.	Commingled Investment	12,600,000	12,600,000
MYR vs USD 01/05/2016 - DB_O_794606	Currency Forward		707,954
MYR vs USD 04/04/2016 - DB_O_794606	Currency Forward		1,291,166
MYR vs USD 07/05/2016 - DB_O_794606	Currency Forward		319,235
MYR vs USD 10/05/2016 - DB_O_794606	Currency Forward		336,887
Nanook Energy Fund LP Class A Interests	Limited Partnership	10,000,000	150,000
Natural Gas Partners IX, L.P.	LP	160,130	3,416,949
PACIFIC ALLIANCE CHINA LAND	Common Stock	7,493,887	17,122,998
Parametrica Global Fund Ltd Class A Series 0111	Commingled Investment	26,900	450,783
Parametrica Global Fund Ltd Class A Series 0411	Commingled Investment	132,510	2,209,271
Parametrica Global Fund, Ltd Class A Series 0511	Commingled Investment	194,780	3,218,068
Pelagus Capital Feeder Fund L.P. - Class A	Limited Partnership	14,600,000	5,700,000
PIMCO Global Inflation Linked Bond Fund Ltd - Class A Series 1	Commingled Investment	48,530,000	58,800,000
RANGE RESOURCES CORP	Commingled Investment	2,406,748	2,021,705
Sanctum Fixed Income Fund Class B - SSALTLTD	Commingled Investment	25,000,000	35,645,541
Saracen Energy FTR LP	Limited Partnership	10,000,000	8,700,000

FYE: 12/31/2016

FEDERAL STATEMENTS  
 MCKINSEY MASTER RETIREMENT TRUST - PLAN: 017

Statement #3 - Schedule H, Line 4i - Assets Acquired and Disposed of During Year

Identity	Description	Costs of Acquisitions USD	Proceeds of Dispositions USD
SEK vs USD 01/05/2016 - DB_O_794606	Currency Forward		464,357
SEK vs USD 04/04/2016 - DB_O_794606	Currency Forward		1,353,976
SEK vs USD 07/05/2016 - DB_O_794606	Currency Forward		1,546,721
SEK vs USD 10/04/2016 - DB_O_794606	Currency Forward		411,621
SGD vs USD 01/05/2016 - DB_O_794606	Currency Forward		710,425
SGD vs USD 04/04/2016 - DB_O_794606	Currency Forward		1,522,817
SGD vs USD 07/05/2016 - DB_O_794606	Currency Forward		145,140
SGD vs USD 10/04/2016 - DB_O_794606	Currency Forward		396,308
SSgA Passive Aggregate NL Index (CMX6)	Commingled Investment	3,300,000	1,650,000
SSgA Passive Aggregate NL Index (CMX6)	Commingled Investment	15,050,000	4,200,000
SSgA Passive Aggregate NL Index (CMX6)	Commingled Investment	19,750,000	3,830,000
Teza Fund LP -Class B- SSALT Fund Ltd	Commingled Investment	2,000,000	16,945,603
Teza Offshore Fund Ltd BarfieldSLI01-Class B	Commingled Investment	2,000,000	14,174,648
Third Motion Equities Fund LTD - Class G Series 1	Commingled Investment	10,875,000	11,133,185
Third Motion Equities Fund LTD - Class H Series 1	Commingled Investment	15,007,500	15,093,217
Third Motion Equities Fund LTD - Class I Series 1	Commingled Investment	30,097,000	21,357,538
Velite Energy Offshore, Ltd. Series 0816	Commingled Investment	12,500,000	12,375,142
Voleon International Investors, Ltd.	Commingled Investment	15,000,000	15,000,000
Whitebox Pandora Select, Ltd Class A Series C-12-11-15	Commingled Investment	8,000,000	8,000,000
Whitebox Pandora Select, Ltd Class A Series C-12-12-15	Commingled Investment	10,000,000	10,000,000
Whitebox Pandora Select, Ltd Class A Series C-12-YE-10	Commingled Investment	41,163,585	47,954,243
Whitebox Pandora Select, Ltd Class C Series 12-01-16	Commingled Investment	10,000,000	10,000,000

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**FEDERAL STATEMENTS**  
**MCKINSEY MASTER RETIREMENT TRUST - PLAN: 017**

**Statement #1 - Schedule C. Eligible Indirect Compensation**

Full_Name__Company_or_Person__	Business_Address_Line_1	Business_Address_Line_2	Business_Address_Line_3	Business_Address_City	Business_Address_State_Province	Business_Address_Postal_Code	Business_Address_Country
Aeolus LP	c/o Aeolus Re Ltd.	The Argus Building, 7th Floor	14 Wesley Street	Hamilton		HM11	Bermuda
Akula Energy Offshore, Ltd.	c/o Ogier Fiduciary Services (Cayman) Limited	Queensgate House South Church Street	P.O. Box 1234 GT	Grand Cayman		KY1-1108	Cayman Islands
Alpstone Global Macro Fund, Ltd.	PO Box 309	Ugland House		Grand Cayman		KY1-1104	Cayman Islands
Amberbrook V, LLC	122 East 42nd Street	37th Floor		New York	NY	10017	United States
Amberbrook VI, LLC	122 East 42nd Street	37th Floor		New York	NY	10017	United States
Atlas Enhanced Fund Ltd.	Maples Corporate Services Limited	PO Box 309	Ugland House	Grand Cayman		KY1-1104	Cayman Islands
Avitah Energy Fund Ltd	PO Box 309	Ugland House	Georgetown	Grand Cayman		KY1-1104	Cayman Islands
Barneget Investments Limited (Feeder)	c/o Argonaut Limited	Argonaut House	5 Park Road	Hamilton		HM 09	Bermuda
BJ Energy	c/o Tower Research Capital LLC 377 Broadway	11th Floor		New York	NY	10013	United States
Black Oak	30 Old Kings Hwy S			Darien	CT	06820	United States
Brookdale Global Opportunity Fund	c/o SS&C Hedge Fund Services	45 Market Street, Suite 3205	2nd Floor, Garderia Court	Camana Bay	Grand Cayman	KY1-1003	Cayman Islands
Brookdale International Partners, L.P.	222 Berkeley St.,	16th Floor		Boston	MA	02116	United States
Capula Global Relative Value Fund Ltd	PO Box 309	Ugland House		George Town	Grand Cayman	KY1-1104	Cayman Islands
Cerberus International II Ltd.	c/o Walkers Corporate Services Limited	Walker House	87 Mary Street	George Town	Grand Cayman	KY1-9005	Cayman Islands
Cerberus International, Ltd.	c/o Premier Fund Services Limited	First Commerce Centre	Second Floor, Suite No. 2 East Mall Drive	PO Box F-44656	Freeport, GBI		Bahamas
Cerberus International SPV, Ltd	c/o Walkers Corporate Services Limited	Walker House	87 Mary Street	George Town	Grand Cayman	KY1-9005	Cayman Islands
CIP VI Overseas Feeder, Ltd.	875 Third Avenue, 14th Floor			New York	New York	10022	United States
Citadel Kensington Global Strategies Fund Ltd.	Maples Corporate Services Limited	PO Box 309	Ugland House	Grand Cayman		KY1-1104	Cayman Islands
Citadel Global Equities Fund, Ltd.	Maples Corporate Services Limited	PO Box 309	Ugland House	Grand Cayman		KY1-1104	Cayman Islands
Citadel Tactical Trading Ltd	Maples Corporate Services Limited	PO Box 309	Ugland House	Grand Cayman		KY1-1104	Cayman Islands
COG Partners I, LP	2800 Post Oak Blvd	Suite 225		Houston	TX	77056	United States
Compass ESMA	Trafalgar Court, Les Banques	St. Peter Port		Guernsey, Channel Islands		GY1 3QL	Guernsey
Compass NineAlpha	Financial Square	32 Old Slip, 4th Floor		New York	NY	10005	United States
Compass Offshore HTV	Trafalgar Court, Les Banques	St. Peter Port		Guernsey, Channel Islands		GY1 3QL	Guernsey
Compass Offshore MAV	Trafalgar Court, Les Banques	St. Peter Port		Guernsey, Channel Islands		GY1 3QL	Guernsey
Compass Offshore SAV	Trafalgar Court, Les Banques	St. Peter Port		Guernsey, Channel Islands		GY1 3QL	Guernsey
Compass Offshore SAV II	Trafalgar Court, Les Banques	St. Peter Port		Guernsey, Channel Islands		GY1 3QL	Guernsey
Compass SEA Energy LLC	303 West Alabama Street			Houston	TX	77098	United States
Compass Offshore TPM	Trafalgar Court, Les Banques	St. Peter Port		Guernsey, Channel Islands		GY1 3QL	Guernsey
Copperwood Energy Offshore LP	Walkers Corporate Services	87 Mary St.		George Town	Grand Cayman	KY1-9005	Grand Cayman
Cumulus Energy Fund	DMS Corporate Services Limited	PO Box 1344	2nd Floor, Genesis Close	Grand Cayman		KY1-1108	Cayman Islands
DAC China Special Opportunity and Situation Offshore Fund, LP	200 South Wacker Drive	Suite 3100		Chicago	IL	60606	United States
Deerfield International Ltd	c/o Harneys Corporate Services Limited	Craigmuir Chambers	PO Box 71	Road Town Tortola		VG1110	British Virgin Islands
Deerfield PDI Investors Trust I	c/o Harneys Corporate Services Limited	Craigmuir Chambers	PO Box 71	Road Town Tortola		VG1110	British Virgin Islands
Deerfield Private Design International II, Ltd	c/o Harneys Corporate Services Limited	Craigmuir Chambers	PO Box 71	Road Town Tortola		VG1110	British Virgin Islands
Eight Capital Offshore Fund Ltd	M&C Corporate Services Limited	P.O. Box 309 GT	Ugland House	South Church Street	George Town	KY1-1104	Cayman Islands
Factorial Feeder Fund I	c/o Intertrust Corporate Services	(Cayman Limited)	190 Elgin Avenue,	George Town		KY1-9005	Cayman Islands
Franklin Power LLC	377 Broadway, 11th Floor			New York	NY	10013	United States
Gilson Capital Offshore Fund Ltd	c/o Mourant Cayman Corporate Services	94 Solaris Avenue	Camana Bay	PO Box 1348	Grand Cayman	KY1-1108	Cayman Islands
Great Barrington	3033 West Alabama Street			Houston	TX	77098	United States
Hamilton Fund Ltd	73 Front Street, 3rd Floor		Hamilton HM 12				Bermuda
Hong Feng Zheng Limited	c/o CACEIS (Bermuda) Limited	Williams House, 4th Floor, 20 Reid Street	Hamilton HM11 P.O. Box HM2431	Hamilton		HMJX	Bermuda
Hot Creek Investors, L.P.	600 University Street	Suite 2003		Seattle	WA	98101	United States
Hudson Bay Fund	777 Third Avenue	30th Floor		New York	NY	10017	United States
Hutchin Hill Capital Offshore Fund, Ltd.	Intertrust Corporate Services (Cayman) Limited	190 Elgin Avenue		George Town	Grand Cayman	KY1-9005	Cayman Islands
IDG-Accel China Capital LP	Walkers SPV Limited	Walker House	87 Mary Street	George Town	Grand Cayman	KY1-9002	Cayman Islands
IIF Financial Investor Fund II, LLC	3150 139th Avenue SE			Bellevue	WA	98005	United States
IIG Trade Opportunities Fund	c/o Amaco (Curacao) N.V.	Kaya W.F.G. (Jombi) Mensing 36		Curacao			Netherlands Antilles
International Syndicatum Climate Change Partnership LP	c/o Mourant Cayman Corporate Services Ltd	Harbour Centre	42 North Church Street	P.O. Box 1348	Grand Cayman	KY1-1108	Cayman Islands
Invention Development Fund I, LLC	701 Fifth Avenue			Seattle	WA	98104	United States
Ironshore Inc.	141 Front Street			Hamilton	HM	19	Bermuda
Landscape High Leverage Fund LP	285 Grand Avenue	Building 1		Englewood	NJ	07631	United States
Laxey Investors, Ltd.	c/o Harneys Corporate Services Limited	Craigmuir Chambers	PO Box 71	Road Town Tortola			British Virgin Islands
Levered Global Inflation Linked Bond Fund Limited Life	Appleby Trust (Cayman) Ltd.	Cliffon House, 75 Fort Street	PO Box 1350	George Town	Grand Cayman	KY1-1108	Cayman Islands
	c/o Wilmington Trust SP Services(London) Limited	Third Floor	1 King's Arms Yard		London	EC2R 7AF	United Kingdom
Magnetar Constellation Fund Ltd	Maples Corporate Services Limited	PO Box 309	Ugland House	Grand Cayman		KY1-1104	Cayman Islands
Magnetar Equity Opportunities Fund	PO Box 897GT	Windward 1, Regatta Office Park	West Bay Road	Grand Cayman		KY1-1103	Cayman Islands
Magnetar Structured Credit Fund LP	1603 Orrington Avenue	13th Floor		Evanston	Illinois	60201	United States
Monolith Select Strategies Power Fund LLC	c/o Dundee Leeds Management	129 Front Street		Hamilton		HM12	Bermuda
Monolith Select Strategies Power Fund Ltd (FKA Solios)	c/o Dundee Leeds Management Company	2nd Floor, Waterfront Centre	28 N. Church Street	George Town	Grand Cayman		Cayman Islands
Moon Capital Global Equity Partners Offshore Fund Ltd.	c/o Morgan Stanly Fund Service	(Cayman) Ltd., Cricket Square, 2nd Floor	Boundary Hall, Hutchins Drive, c/o PO Box 2681	Grand Cayman		KY1-1111	Cayman Islands
Nanook Energy Fund	c/o Caledonian Trust (Cayman) Limited	Caledonian House, 69 Dr Roy's	PO Box 1043, Georgetown		Grand Cayman	KY1-1102	Cayman Islands
Natural Gas Partners IX, L.P.	5221 N. O'Connor Blvd.	Suite 1100		Irving	TX	75039	United States
Nine Masts Feeder Fund One	c/o Cayman Corporate Centre	27 Hospital Road,		George Town	Grand Cayman	KY1-9008	Cayman Islands
North Pole Offshore Ltd	c/o Mourant Ozannes Corporate Services (Cayman) Limited	94 Solaris Avenue	PO Box 1348	Camana Bay	Grand Cayman	KY1-1108	Cayman Islands
Polar Multi-Strategy Fund	c/o Mourant Ozannes Corporate Services (Cayman) Limited	94 Solaris Avenue	PO Box 1348	Camana Bay	Grand Cayman	KY1-1108	Cayman Islands
Pacific Alliance China Land Fund	P.O. Box 309GT	Ugland House	South Church Street	Grand Cayman	George Town	KY1-1104	Cayman Islands
Pacific Alliance China Land Fund II Limited	Maples Corporate Services Limited	PO Box 309	Ugland House	Grand Cayman		KY1-1104	Cayman Islands
Parallax Offshore Investors Fund Ltd.	c/o dms Corporate Services Ltd.	P.O.Box 1344	20 Genesis Close	Grand Cayman		KY1-1108	Cayman Islands
Parametrica Global Fund Ltd	c/o Maples Corporate Services Limited	PO Box 309	Ugland House	Grand Cayman		KY1-1104	Cayman Islands
Parsec Trading Corp.	Kingston Chambers	P.O. Box 173	Road Town,	Tortola			British Virgin Islands
Partners in Prophet, Ltd	5000 Plaza on the Lake, #180			Austin	TX	78746	United States
Pelagus Capital Fund LP	Walker House	87 Mary Street		Grand Cayman		KY1-9002	Cayman Islands
PIMCO Global Inflation Linked Bond Fund Ltd.	Intertrust Corporate Services (Cayman) Limited	190 Elgin Avenue		George Town	Grand Cayman	KY1-9005	Cayman Islands
Polygon Convertible Opportunity Fund LTD	P.O. Box 309	Ugland House		Grand Cayman		KY1-1104	Cayman Islands
Ptam Dynamic Fixed Income Fund (Cayman), Ltd	Maples Corporate Services Limited	PO Box 309	Ugland House	Grand Cayman		KY1-1104	Cayman Islands
Rascasse Capital Limited	The Grand Pavilion Commercial, 2nd	Centre 802 West Bay Road	P.O. Box 10338	Grand Cayman		KY1-1103	Cayman Islands

MMRT MCKINSEY & COMPANY, INC

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FEDERAL STATEMENTS  
 MCKINSEY MASTER RETIREMENT TRUST - PLAN: 017

Statement #1 - Schedule C. Eligible Indirect Compensation

Full_Name__Company_or_Person__	Business_Address_Line_1	Business_Address_Line_2	Business_Address_Line_3	Business_Address_City	Business_Address_State_Province	Business_Address_Postal_Code	Business_Address_Country
Saba Capital Leveraged Offshore Ltd.	c/o Walkers Corporate Services Limited	Cayman Corporate Centre	27 Hospital Road	George Town	Grand Cayman	KY1-9008	Cayman Islands
Sanctum Fixed Income Fund	c/o Ogier Fiduciary Services (Cayman) Limited	89 Nexus Way	Camana Bay	Grand Cayman		KY1-9007	Cayman Islands
Saracen Energy FTR LP	3033 West Alabama			Houston	TX	77098	United States
SSALT Private Investments Master LP	c/o Appleby Trust (Cayman) Ltd	Clifton House	75 Fort Street P.O. Box 1350	Grand Cayman		KY1-1108	Cayman Islands
Schonfeld Strategic Partners Fund LLC	The Corporation Trust Company	Corporation Trust Center	1209 Orange Street	Wilmington	Delaware	19801	United States
Schroder AII-ILS Clss Accelerat (fka Secquaero ILS Fund Ltd.)	Maples Corporate Services Limited	P.O. Box 309	Ugland House	Grand Cayman		KY1-1104	Cayman Islands
Segantii Asia-Pacific Equity Multi-Strat Fund	c/o Campbell Corporate Services Ltd	4th Floor	Cricket Square P.O. Box 268	George Town	Grand Cayman	KY1-1104	Cayman Islands
Sensato Asia Pacific Offshore Fund Ltd	Maples Corporate Services Limited	P.O. Box 309	Ugland House	Grand Cayman		KY1-1104	Cayman Islands
Sequoia Capital China Growth Fund I LP	3000 Sand Hill Road	Building 4	Suite 101	Menlo Park	CA	94025	United States
Sequoia Capital China II LP	3000 Sand Hill Road	Building 4	Suite 101	Menlo Park	CA	94025	United States
Sequoia Capital India Growth Fund II LP	3000 Sand Hill Road	Building 4	Suite 101	Menlo Park	CA	94025	United States
Sequoia Capital US Growth Fund IV LP	3000 Sand Hill Road	Building 4	Suite 101	Menlo Park	CA	94025	United States
Strategic Value Global Opportunities Fund I-A	Walkers SPV Limited	P.O. Box 908GT	Walker House, Mary Street	George Town	Grand Cayman		Cayman Islands
Strategic Value Restructuring Fund, Ltd.	c/o Ogier Fiduciary Services	89 Nexus Way		Camana Bay			United States
Teza Fund LP	150 N. Michigan Avenue, Suite 3700			Chicago	IL	60601	United States
Teza Offshore Fund Ltd	c/o Maples Corporate Services Limited	PO Box 309	Ugland House	Grand Cayman		KY1-1104	Cayman Islands
The Africa Emerging Markets Fund	c/o M&C Corporate Services Limited	P.O. Box 309GT		Ugland House	Grand Cayman		Cayman Islands
The Emerging Markets Middle East Fund	6, rue Lou Hemmer	L-1748 Senningerberg		Grand-Duchy			Luxembourg
Third Motion Equities Fund Ltd	Maples Corporate Services Limited	PO Box 309		Ugland House	Grand Cayman	KY1-1104	Grand Cayman
Union National Agro	Avenida Angélica	745 - 11º andar		San Paulo			Brazil
Union National Brazil Opp. Liquidating	745 - 11º andar			San Paulo		01227-000	Brazil
Velite Energy Offshore, Ltd.	c/o Walkers SPV Limited	Walker House	87 Mary Street	George Town	Grand Cayman	KY1-9001	Cayman Islands
Velite Energy, LP	2925 Richmond Ave.	Suite 400		Houston	TX	77098	United States
VinaLand Ltd.	PO Box 309GT	Ugland House	South Church Street	George Town	Grand Cayman		Cayman Islands
Voleon International Investors, Ltd.	Elian Fiduciary Services (Cayman)	89 Nexus Way		Camana Bay	Grand Cayman	KY1-9007	Cayman Islands
Whitebox Credit Arbitrage Fund, Ltd.	c/o Appleby Corporate Services (BVI) Limited	Jayla Place	William Cay 1, PO Box 3190	Road Town Tortola		VG1110	British Virgin Islands
Whitebox Pandora Select Fund, Ltd	c/o Trident Trust Company (BVI) Limited	Trident Chambers, P.O. Box146	Waterfront Drive, Wickhams Cay	Road Town Tortola			British Virgin Islands
Winston Partners Private Equity, Ltd.	888 Seventh Avenue Suite 3400			New York	NY	10106	United States
Xangbo Trade Credit Offshore Fund	c/o Ogier Fiduciary Services	89 Nexus Way	Camana Bay	Grand Cayman		KY1-9007	Cayman Islands

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Party in Interest	Identity	Description	Current Cost	Current Value
	0-1 Year German Government Index	Commingled Investment	30,333,629	29,457,927
	AMERICAN IND INFLATION IX-IN	Commingled Investment	121,302,201	118,825,803
	Akula Energy Offshore Ltd	Commingled Investment	2,379,794	3,045,383
	Alpstone Global Macro Fund Ltd. - Class A - Series 001 NOV 2016	Commingled Investment	10,500,000	10,570,830
	Amberbrook V LLC	Limited Partnership	-	5,756,089
	Amberbrook VI LLC	Limited Partnership	11,511,995	29,764,708
	Ashmore SICAV Middle East Equity Fund Inst Income	Commingled Investment	427,784	385,561
	Asperatus GP Equity	Commingled Investment	1,216,000	-
	Atlas Enhanced Fund, Ltd CI B Initial Series 03-11	Commingled Investment	51,619,442	54,675,893
	Atlas Enhanced Fund, Ltd. CI B - Series 01-16	Commingled Investment	50,000,000	49,691,755
	Atlas Enhanced Fund, Ltd. CI B - Series 05-16	Commingled Investment	17,000,000	17,537,467
	Atlas Enhanced Fund, Ltd. CI B - Series 10-16	Commingled Investment	13,000,000	12,898,974
	Avitah Energy Fund LTD Class A	Commingled Investment	13,000,000	12,643,150
	Avitah Energy Fund LTD Class A-05/16	Commingled Investment	5,750,000	5,900,018
	Avitah Energy Fund LTD Class A-06/16	Commingled Investment	3,300,000	3,373,392
	Barclays ACWI ex-US GDP	Commingled Investment	195,102,030	206,383,671
	Barnegat Investments LTD Class B	Commingled Investment	23,314,880	29,848,798
	BJ Energy LLC	Limited Partnership	17,293,976	67,399,067
	Black Oak Capital, LLC	Limited Partnership	5,999,107	14,589,736
	BlackRock Russell 3000 Non-Lending Fund	Commingled Investment	340,406,474	542,773,416
	Blackrock TIPS	Commingled Investment	2,672,286	2,726,530
	Brookdale Global Opportunity fund CI D3C S4 2011T	Commingled Investment	6,689,525	11,899,055
	Brookdale Global Opportunity fund CI D-3C S4 2012	Commingled Investment	15,297,798	21,489,127
	Brookdale International Partners, L.P.	Limited Partnership	-	15,801,776
	Capula Global Relative Value Fund Ltd - Class C	Commingled Investment	9,484,604	15,084,553
	Cerberus International, Ltd - 06-13 (Secondary)	Commingled Investment	1,830,222	2,986,131
	Cerberus International, Ltd Class A	Commingled Investment	4,176,417	7,538,784
	Cerberus International, SPV Ltd	Commingled Investment	557,022	1,176,573
	CNY vs USD 01/04/2017 - DB_O_794606	Currency Forward	-	(1,245,803)
	CNY vs USD 04/05/2017 - DB_O_794606	Currency Forward	-	(436,887)
	CIP VI Overseas Feeder, Ltd. (Cerberus)	Commingled Investment	584,953	739,004
	Citadel Global Equities Fund Ltd 01-2012	Commingled Investment	21,167,559	39,530,086
	Citadel Global Equities Fund Ltd 01-2013	Commingled Investment	1,967,774	3,138,443
	Citadel Kensington Global Strategies Fund 2000 Ltd	Commingled Investment	67,119,762	165,492,151
	Citadel Tactical Trading Ltd	Limited Partnership	5,457,735	22,336,224
	Citadel Tactical Trading Ltd - 04-2015 (Secondary)	Limited Partnership	8,472,586	9,844,179
	Citadel Tactical Trading Ltd Committed	Limited Partnership	25,124,411	54,313,009
	Copperwood Energy Offshore, LP	Limited Partnership	18,900,000	94,782,941
	Cumulux Energy Fund Class A	Commingled Investment	75,815,161	73,499,836
	Custom European Intermediate Sovereign Index Porfto	Commingled Investment	15,583,121	19,570,112
	DAC China Special Opp and Sit Offshore Fund, LP	Limited Partnership	8,366,608	2,881,026
	Deerfield International Ltd, CL A, Unrestr, S 0114	Commingled Investment	31,664,187	71,193,955
	Deerfield Private Design International II, Ltd	Commingled Investment	23,902,694	26,611,397
	ECO MULTI COMMODITIES FIDC - SubJr	Commingled Investment	3,304,829	-
	ECO MULTI COMMODITIES FIDC - SubMez	Commingled Investment	4,467,194	-
	Eight Capital Offshore Fund, Ltd - CI B, S 0912	Commingled Investment	1,811,921	1,009,348
	EUR vs USD 01/03/2017 - DB_O_7949611	Currency Forward	-	(9,939,949)
	EUR vs USD 04/03/2017 - DB_O_7949611	Currency Forward	-	1,208,472
	Factorial Feeder Fund I Class A Unrestricted - Series-0616	Commingled Investment	11,500,000	11,761,269
	Factorial Feeder Fund I Class A Unrestricted - Series-1016	Commingled Investment	17,000,000	17,134,283
	Franklin Power LLC	Limited Partnership	11,350	2,099,986
	Gillson Capital Offshore Fund Ltd	Commingled Investment	8,400,000	8,890,998
	Great Barrington Energy Fund LP	Commingled Investment	36,870,000	33,700,887
	Hamilton Fund Ltd Series A	Commingled Investment	55,844,473	72,894,058
	Hong Feng Zheng Limited - Class A Series 1	Commingled Investment	4,627,633	5,200,729
	Hot Creek Investors, L.P. - Lock Up 11/1/11	Commingled Investment	600,000	11,783,537
	Hudson Bay International Fund Ltd -Class A-UR-S 11	Commingled Investment	2,362,280	2,315,790
	Hutchin Hill Capital Offshore Fund, Ltd. - Class C, Non Restricted 10-15 Se	Commingled Investment	6,802,290	6,795,386
	IDG-Accel China Capital L.P.	Limited Partnership	2,608,819	4,999,630
	IIF Financial Investor Fund II, LLC	Limited Partnership	25,831,948	10,661,199
	IIG Trade Opportunities Fund N.V. (LTD)	Commingled Investment	1,872,232	1,096,515
	Intl Sindicatum CCP (Feeder Fund), LP	Limited Partnership	5,367,997	1,904,860
	Invention Development Fund I, LLC	Limited Partnership	15,258,605	3,028,041
	Investment in Compass AGE LLC	Limited Partnership	268,744,462	296,932,437
	Investment in Compass ESMA LP (Roll Up)	Limited Partnership	71,873,762	74,960,788
	Investment in Compass NineAlpha LLC	Limited Partnership	115,930	11
	Investment in Compass NRD LLC	Limited Partnership	5,553,733	31
	Investment in Compass Offshore HTV PCC Ltd (Roll Up)	Commingled Investment	409,759,419	476,165,768
	Investment in Compass Offshore MAV Limited (Roll Up)	Commingled Investment	187,076,360	212,082,648
	Investment in Compass Offshore SAV II PCC Limited (Roll Up)	Commingled Investment	398,224,776	413,072,063
	Investment in Compass Offshore SAV PCC Limited (Roll Up)	Commingled Investment	230,179,321	307,428,180

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	Investment in Compass Offshore TPM LP (Roll Up)	Limited Partnership	-	727,584
	Investment in Compass SEA Energy LLC	Limited Partnership	2,658,553	346
	Investment in SSALT Fund Ltd	Commingled Investment	1,987,816,818	3,514,433,559
	Investment in SSALT Private Investments Master LP	Commingled Investment	9,092,488	10,258,706
	KRW vs USD 01/03/2017 - DB_O_794606	Currency Forward	-	(1,697,136)
	KRW vs USD 04/03/2017 - DB_O_794606	Currency Forward	-	(276,301)
	Landscape High Leverage Fund LP	Limited Partnership	30,000,000	31,284,397
	Laxey Investors, Ltd Class B Series 1108	Commingled Investment	934,721	743,610
	Levered Global Inflation Linked Bond Fund Apr 04, 2016	Commingled Investment	2,316,246	2,830,650
	Levered Global Inflation Linked Bond Fund APR 29, 2016	Commingled Investment	16,800,000	20,959,045
	Levered Global Inflation Linked Bond Fund Dec 01, 2016	Commingled Investment	11,130,000	11,712,165
	Levered Global Inflation Linked Bond Fund Feb 01, 2016	Commingled Investment	13,239,253	18,829,196
	Levered Global Inflation Linked Bond Fund Feb 29, 2016	Commingled Investment	200,000	263,831
	Levered Global Inflation Linked Bond Fund May 31, 2016	Commingled Investment	13,810,000	17,333,586
	Limited Life Asset Issuance plc 5/31/2023	Commingled Investment	85,453,966	21,431,957
	Limited Life Asset Master Ltd	Commingled Investment	153,753,188	153,753,134
	Magnetar Equity Opportunities Fund Ltd Cl A S1	Commingled Investment	2,804,415	8,691,741
	MYR vs USD 01/05/2016 - DB_O_794606	Currency Forward	-	(1,127,666)
	MYR vs USD 01/03/2018 - JPM_O_11428188	Currency Forward	-	(60,725)
	Monolith Select Strategies Power Fund LLC	Commingled Investment	3,271,690	10,118,760
	Monolith Select Strategies Pwr Fd, Ltd Cl A Init-I	Commingled Investment	2,447,776	10,971,183
	Moon Capital Global Equity Partners Offshore Fund Ltd. C One Series 55 C	Commingled Investment	12,600,000	13,182,252
	Nanook Energy Fund LP Class A Interests	Limited Partnership	34,850,000	36,741,434
	Natural Gas Partners IX, L.P.	Limited Partnership	-	2,205,843
	New Stream Class 2 Creditors Liquidating Trust	Commingled Investment	1,722,720	-
	New Stream Secured Capital Fund (U.S.), LLC	Limited Partnership	10,600,105	-
	Nine Masts Feeder Fund One Series 4-11- A2Unrest	Commingled Investment	69,767,506	89,450,773
	North Pole Offshore Ltd Class A2 Series 5 2017	Commingled Investment	10,000,000	10,429,240
	Oxane Materials, Inc. Series A	Common Stock	-	-
	Oxane Materials, Inc. Series C-4	Common Stock	-	-
	PACIFIC ALLIANCE CHINA LAND	Common Stock	11,976,462	14,442,992
	Pacific Alliance China Land Limited II	Commingled Investment	9,873,206	148,634
	Parallax Offshore Investors Fnd Ltd - Cl A Initial	Commingled Investment	73,945,256	77,096,888
	Parametrica Global Fund Ltd Class A MIO Initial	Commingled Investment	-	56,725
	Parametrica Global Fund Ltd Class A Unrestricted Series August 2015	Commingled Investment	4,620,000	4,816,753
	Parametrica Global Fund Ltd Class A Unrestricted Series July 2015	Commingled Investment	2,854,410	2,761,324
	Parsec Trading Corp. Series A	Commingled Investment	10,801,810	19,615,238
	Partners in Prophet, Ltd	Commingled Investment	50,499,302	69,401,396
	PDI Financing II LP	Limited Partnership	227,206	166,066
	Pelagus Capital Feeder Fund L.P. - Class A	Commingled Investment	8,900,000	9,394,520
	PIMCO Global Inflation Linked Bond Fund Ltd - Class A Series 1	Commingled Investment	12,976,181	17,009,122
	PIMCO Global Inflation Linked Bond Fund Ltd - Class A Series 10	Commingled Investment	1,640,000	2,101,646
	PIMCO Global Inflation Linked Bond Fund Ltd - Class A Series 12	Commingled Investment	6,690,000	6,751,850
	PIMCO Global Inflation Linked Bond Fund Ltd - Class A Series 14	Commingled Investment	7,960,000	8,497,066
	PIMCO Global Inflation Linked Bond Fund Ltd - Class A Series 7	Commingled Investment	19,000,000	31,692,211
	PIMCO Global Inflation Linked Bond Fund Ltd - Class A Series 8	Commingled Investment	1,900,000	2,651,294
	Polar Multi-Strategy Fund Class A2 Series 1	Commingled Investment	2,065,114	3,377,505
	Polar Multi-Strategy Fund Class A2 Series 2	Commingled Investment	15,000,000	16,309,500
	Polygon Convertible Opportunity Fund LTD - Class A	Commingled Investment	5,000,000	5,602,359
	PTAM DYNAMIC FIXED INCOME FUND (CAYMAN), LTD. - Class A-1 Seri	Commingled Investment	10,600,000	11,129,447
	R2 Holdings, LLC	Limited Partnership	-	198,194
	Rascasse Capital Fund Ltd Class USD	Commingled Investment	13,497,010	12,365,022
	Saba Capital Leveraged Offshore Ltd - CL F SC1-S1	Commingled Investment	13,800,273	10,418,994
	Saba Capital Leveraged Offshore Ltd - CL F SC1-S12	Commingled Investment	4,580,000	4,971,152
	Saba Capital Leveraged Offshore Ltd - CL F SC1-S13	Commingled Investment	9,696,000	9,922,483
	Saba Capital Leveraged Offshore Ltd - CL F SC1-S14	Commingled Investment	4,500,000	4,617,774
	Saracen Energy FTR LP	Limited Partnership	43,833,523	134,884,546
	Schonfeld Strategic Partners Fund LLC	Limited Partnership	27,000,000	29,485,516
	Segantii Asia-Pacific Equity Multi-Strat Class A1- SLI01	Commingled Investment	103,010,734	163,155,733
	Sensato Asia Pacific Offshore Fund Ltd SLI01 220 SAPO-2	Commingled Investment	42,000,000	43,674,512
	Sequoia Capital China Growth Fund I, L.P.	Limited Partnership	1,366,716	2,092,422
	Sequoia Capital China II, L.P.	Limited Partnership	-	3,656,682
	Sequoia Capital India Growth Fund II, L.P.	Limited Partnership	2,634,623	3,209,229
	Sequoia Capital U.S. Growth Fund IV	Limited Partnership	-	5,019,982
	SGD vs USD 01/03/2017 - DB_O_794606	Currency Forward	-	(2,051,216)
	SGD vs USD 04/03/2017 - DB_O_794606	Currency Forward	-	(22,152)
	SSgA Passive Aggregate NL Index (CMX6)	Commingled Investment	264,989,913	286,865,924
	SSgA Russell 3000 NL Index (CMV1)	Commingled Investment	42,005,459	44,197,260
	Strategic Value Global Opp Feeder Fund 1-A LP	Limited Partnership	921,571	4,542,134
	Strategic Value Restr Ltd - S11H2m14 SLI01	Commingled Investment	3,111	3,574
	Strategic Value Restr Ltd - S12H2m14 SLI01	Commingled Investment	22,336	3,359

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	Strategic Value Restr Ltd - S9H2m14 SLI01	Commingled Investment	-	-
	Strategic Value Restructuring, Ltd Series SP11 C2	Commingled Investment	1,009	658
	Strategic Value Restructuring, Ltd Series SP12 C2	Commingled Investment	4,823	725
	Strategic Value Restructuring, Ltd. Series SP1 C2	Commingled Investment	2,823	429
	Strategic Value Restructuring, Ltd. Series SP5 C2	Commingled Investment	835	811
	Strategic Value Restructuring, Ltd. Series SP9 C2	Commingled Investment	228,006	-
	SEK vs USD 01/03/2017 - DB_O_794606	Currency Forward	-	(2,742,895)
	SEK vs USD 04/03/2017 - DB_O_794606	Currency Forward	-	592,539
	Teza Offshore Fund V, Ltd. Class A - June 2016 Series	Commingled Investment	15,500,000	12,831,474
	The Africa Emerging Markets Fund	Commingled Investment	655,581	411,154
	Third Motion Equities Fund LTD - Class B Series 1	Commingled Investment	24,938	70,152
	Third Motion Equities Fund LTD - Class C Series 1	Commingled Investment	1,186,045	1,085,044
	Third Motion Equities Fund LTD - Class EXP Series 1	Commingled Investment	30,360	30,360
	Third Motion Equities Fund LTD - Class F Series 1	Commingled Investment	1,131,000	1,075,433
	Third Motion Equities Fund LTD - Class I Series 1	Commingled Investment	8,727,144	9,002,631
	Third Motion Equities Fund LTD - Class K Series 1	Commingled Investment	18,791,038	18,954,494
	Union National FIDC Tranche 4 Direct	Commingled Investment	7,457,663	-
	Union National FIDC Tranche 5 Direct	Commingled Investment	28,687,526	-
	Union National FIDC Trust 2006 TR #10 - 5/1/2011	Commingled Investment	506,801	-
	Union National FIDC Trust 2006 TR #4 - 7/1/2010	Commingled Investment	227,790	-
	Union Nat'l Brazil Opp. Liquidating Fund Series 1	Commingled Investment	1,771,943	248,855
	UNIONAG BZ Equity	Commingled Investment	821,049	142,352
	VINALAND LTD	Common Stock	4,811,677	9,756,292
	Voleon International Investors, Ltd., A-Series 11/2016	Commingled Investment	15,000,000	15,074,640
	Voleon International Investors, Ltd., A-Series 12/2016	Commingled Investment	19,000,000	18,943,003
	Whitebox Credit Arbitrage Fund, Ltd. Class C-3-C-11	Commingled Investment	14,743,583	21,517,388
	Whitebox Pandora Select, Ltd Class A Series C-13-01-16a	Commingled Investment	10,000,000	12,070,748
	Whitebox Pandora Select, Ltd Class A Series C-13-11-15a	Commingled Investment	8,000,000	9,654,461
	Whitebox Pandora Select, Ltd Class A Series C-13-12-15a	Commingled Investment	10,000,000	11,965,203
	Whitebox Pandora Select, Ltd Class A Series C-13-YE-10a	Commingled Investment	37,954,243	75,978,383
	Winston Partners Private Equity LTD Series 12/98	Commingled Investment	927,959	589,599
	Xangbo Trade Credit Offshore Fund Ltd. - Class B	Commingled Investment	24,122,036	40,143,802